

ISSUE SLIP STAPLE AREA (for additional sheets, references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | 10 | 1-29-01 |
| RESPONSE FORMALITY REVIEW | | | 02/20/01 |

INDEX OF CLAIMS

- Rejected
 - (Through course of) Allowed
 - Cancelled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date | Claim | Date | Claim | Date |
|-------|------|-------|------|-------|------|
| 1 | | 51 | | 101 | |
| 2 | | 52 | | 102 | |
| 3 | | 53 | | 103 | |
| 4 | | 54 | | 104 | |
| 5 | | 55 | | 105 | |
| 6 | | 56 | | 106 | |
| 7 | | 57 | | 107 | |
| 8 | | 58 | | 108 | |
| 9 | | 59 | | 109 | |
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| 24 | | 74 | | 124 | |
| 25 | | 75 | | 125 | |
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| 30 | | 80 | | 130 | |
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| 35 | | 85 | | 135 | |
| 36 | | 86 | | 136 | |
| 37 | | 87 | | 137 | |
| 38 | | 88 | | 138 | |
| 39 | | 89 | | 139 | |
| 40 | | 90 | | 140 | |
| 41 | | 91 | | 141 | |
| 42 | | 92 | | 142 | |
| 43 | | 93 | | 143 | |
| 44 | | 94 | | 144 | |
| 45 | | 95 | | 145 | |
| 46 | | 96 | | 146 | |
| 47 | | 97 | | 147 | |
| 48 | | 98 | | 148 | |
| 49 | | 99 | | 149 | |
| 50 | | 100 | | 150 | |

If more than 150 claims or 10 actions
 staple additional sheet here

LEFT INSIDE.

BEST AVAILABLE COPY